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ABSTRACT

Parents Too Soon is a statewide program developed in Illinois to deter both teenage pregnancy and the negative consequences of adolescent childbearing and parenting. Clients are males and females 20 years of age and younger who wish to avoid conceiving children, are pregnant, are parents, or are at-risk of becoming parents. Included in this program are four demonstration sites which provide services in the areas of prenatal care, family planning services, social services, nutrition education, support and referral services, parenting training, health education, basic skills development, job skills development, and special services for adolescent males. The four programs are located in a medium-sized urban medical clinic, a large metropolitan health department, a rural health department, and a junior high school based health clinic. Each program used a variety of innovative methods to attract males into their family planning programs. This report examines the methods used to attract males at each of the four demonstration sites and reviews the barriers to their effectiveness. The report concludes that, to have a serious impact on teenage pregnancy, family planning programs must address the role of the adolescent male. It recommends that such programs examine their goals and methods of operation to ensure that this role is being addressed. (Author/NB)

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FAMILY PLANNING: BARRIERS TO UTILIZATION BY ADOLESCENT MALES

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FAMILY PLANNING/BARRIERS TO UTILIZATION BY ADOLESCENT MALES

This paper examines the involvement of adolescent males in a variety of family planning programs which are part of a state-wide comprehensive adolescent pregnancy prevention initiative.

These are four model programs which are located in four different health care delivery systems: a medium sized urban medical clinic, a large metropolitan health department, a rural health department serving seven counties, and a junior high school based health clinic. Each program uses a variety of innovative methods to attract males into their programs. These methods are examined as well as the barriers to their effectiveness.

INTRODUCTION

The issue of teenage pregnancy and the alarming statistics this subject has raised are familiar to all of us. The 1985 study on teenage pregnancy released by the Alan Guttmacher Institute sent ripples of shock throughout our nation. The study reported that the United States exceeded all other industrialized nations with its high rates of adolescent pregnancy and abortions. The headlines raised questions--Are U.S. teens more sexually active than their counterparts in Sweden, France, England, Canada, the Netherlands and Wales? Do they engage in sexual activity at an earlier age?

The Guttmacher study actuated a flurry of activity among state policy makers. Several states, such as Illinois through it's Parents Too Soon (PTS) program, had already begun to address the issue of teenage pregnancy. Some states were in the process of forming statewide task forces to examine the problem and other states were just beginning to realize that adolescent pregnancy was indeed a serious problem - one that couldn't be segregated by race, geographical location or social class; one that no longer could be ignored. It touches all elements of our society.

For the most part the discussions on teenage pregnancy have focused on the female. But what about the father of the baby? As a society, we rarely address the responsibility of the fathers, the responsibility of the adolescent male.

When we examine the literature on teenage pregnancy, we find that there is a dearth of information regarding the adolescent male and his

role in teen pregnancy. This is surprising since sexual activity is often initiated by males.[1] Also, adolescent males begin to have intercourse at a young age. In a 1975 study by Finkel and Finkel, 60% of the sample of 421 male adolescents reported that they were sexually experienced. The mean age at first intercourse was 12.8 years of age and 50% of the respondents said they rarely or never used a condom.[2] Ten years later Rivara, Sweeney and Henderson reported similar findings.[3] The sexual behaviour of adolescents males hadn't changed over the past ten years.

It is evident that adolescent males lack knowledge about reproduction and contraception. It is also evident that our society has neglected to provide adolescent males with information about reproduction and contraception in a timely manner. Further, most family planning programs across the nation have failed to address the needs of adolescent males.

This paper will examine the various methods the four demonstration sites of Illinois' Parents Too Soon program have used to attract adolescent males into their family planning programs. This paper will review the barriers to utilization that have evolved as these methods were put into practice as well as the means by which these barriers were overcome.

FAMILY PLANNING: BARRIERS TO
UTILIZATION BY ADOLESCENT MALES

In 1983, Illinois took a giant step forward by initiating the first comprehensive effort to address the complex issues of teenage pregnancy, adolescent childbearing and teen parenting. This effort is known as Parents Too Soon.

Parents Too Soon is a statewide program designed to deter both teenage pregnancy and the negative consequences of adolescent childbearing and parenting. The overall philosophy of the initiative is that adolescents are best served with well coordinated, comprehensive services to meet their varied needs.

The Parents Too Soon program funds a variety of services in more than 125 local agencies, including four demonstration sites. The demonstration sites serve females and males 20 years of age and under who wish to avoid conceiving children, are pregnant, are already parents and/or may be at risk of becoming parents.

The four demonstration sites provide a wide variety of services. These include: prenatal care, family planning services, social services, WIC and nutrition education, support and referral services, parenting training, health education, GED and basic skills development, job skills development and special services for adolescent males. If the client is in need of more intensive services or ancillary services which the demonstration site is not able to provide, the client is referred to the appropriate public/private agency.

The first demonstration site is located at Mile Square Health Center on Chicago's West Side. Mile Square is a large community-based health organization with four satellite clinics and 80,000 patients. The PTS program serves 785 clients, 40 of whom are males. The population is 98% black.

The second demonstration site is located in northwestern Illinois, at the Winnebago County Department of Public Health in Rockford and provides services to clients through a consortium approach (formalized agreements were developed with service providers within the county). This project serves 1645 clients of whom 52 are males; 61% of the clients are white, 37% are black; and 2% are hispanic.

The third demonstration site at the Southern Seven Health Department covers the southernmost seven rural counties of Illinois. One health department serves the seven counties. The program has a caseload of 215 clients with approximately 15 males; 69% of the clients are white, and 31% are black. This project has provided sex education to over 3,000 senior and junior high school students.

The fourth demonstration site is a school-based clinic located at Rock Jr. High School in East St. Louis, Illinois. The school has 600 students of whom 109 are enrolled in the clinic; 68% of the clinic patients are males, the population is 100% black.

OUTREACH EFFORTS

All four demonstration sites have used a variety of methods to attract adolescent males into their programs. The more traditional and common methods used are radio and newspaper advertising, distribution

of brochures and posters, word of mouth and distribution of free contraceptives. The fear of acquiring a sexually transmitted disease--especially AIDS--has led to enrollment of an increasing number of clients into all four of the programs for free condoms.

Apart from these methods, each demonstration site has developed innovative outreach methods which are unique to the area and population being served.

At Mile Square Health Center (MSHC) in Chicago, a prevention group called "Break Out" was started for adolescent males and females. The focus of the group is a prevention effort to break-out of the cycle of poverty and adolescent pregnancy. The group meets weekly. Activities include sports, field trips, tours of companies, films on various jobs and job opportunities, films on anatomy, family planning education, etc. Group members earn points for attending the various classes and for bringing in a friend. The number of points a member has determines his/her eligibility for a field trip. The field trips are structured so that if a member attends group sessions regularly he/she can attend most field trips. Field trips have included major league baseball games, trips to downtown Chicago, the lakefront, museums, fashion shows, etc. The field trips enable these adolescents to see a different part of life (many of the group members never venture past nearby neighborhoods). Belonging to the group helps them to feel comfortable in these new surroundings.

MSHC has also hired two male staff members to work with males. One staff person is the educational coordinator and the other is a case worker. The educational coordinator provides outreach into the schools,

participates in the activities of the Break Out group and works with males and females enrolled in the Fairbreak program (which is a Control Data computer-designed learning program consisting of GED training, basic skills development, job skills and parenting). Also, MSHC is presently hiring an additional person to help these clients get vocational training, find an entry-level job, and provide follow-up for a six-month period while clients are on the job.

The staff has found that the hiring of males has enhanced male-recruitment efforts, has provided the adolescents with role models and has eased the communication barriers regarding discussions of topics relating to sexuality and contraception. Also, the offering of GED training has increased word-of-mouth recruitment.

Another method MSHC uses to attract males into the program is to encourage the female prenatal patients to bring their boyfriend or husband to prenatal class with them. As an incentive, the expectant mothers earn points and receive free disposable diapers each time they bring in a friend. A continental breakfast is provided at the sessions. Special topics of interest are discussed with the males in this group by a male staff member. Topics include the importance of nutrition, the adverse effects of alcohol and drugs on pregnancy, delivery information and anatomy, sexuality and family planning education. The environment is structured so that the males feel comfortable. Posters depicting males are displayed, male staff members are present and the atmosphere is low-key.

The staff at MSHC have found that in order to attract males into the program, it must offer them something different and something which

is positive and fun. MSHC staff have done this with the purchase of a video camera. The PTS program participants will be making their own video tape about adolescent pregnancy. The males will film the females talking about the best reasons not to get pregnant! One week before the filming starts, the participants will have the opportunity to use the video camera to tape anything they like. This project has already generated a great deal of excitement.

The Parents Too Soon program administered by the Winnebago County Health Department (WCHD) subcontracts with an agency that serves males exclusively. The program is staffed by males and has been able to increase its male enrollment by offering job training. It also offers activities such as team sports (i.e., basketball and softball) and camping. The program is trying to rent a gymnasium to encourage better attendance and participation.

The Family Planning program at WCHD encourages adolescent female clients to bring their friends to medical appointments. They also will be hiring a male counselor to work with the males.

The third demonstration project at Southern Seven Health Department (SSHD) has undertaken an extensive outreach effort towards adolescent males. They have hired two males to work exclusively with adolescent males and provide sex education in the schools. One of the workers teaches classes in the high school and the other teaches sex education in the junior high schools. The teaching of sex education has proven to be an excellent outreach tool. These staff members alternate their schedules so that one of them is available in the office at all times for special problems and drop-in visits.

Rural areas provide unique challenges. Consequently, the male outreach workers have attracted males from a variety of places. They go where the boys go--parks, basketball courts, pool halls, gas stations, etc. They always have condoms available for free distribution. When condoms are distributed, the male is registered into the PTS program, an appointment is scheduled for counseling and a case manager is provided for follow-up. The staff provides free transportation for appointments. During State Fiscal Year 1986, the SSHD reached a milestone; the health department opened its doors to adolescent males for family planning services. The program has also been fortunate in securing the support of a well-known rock D.J. in the area known as "The Bear". The Bear promotes the PTS program and encourages teens to give PTS a call. Teens listen to "The Bear".

The fourth project in East St. Louis is unique in several ways. First, it is located in a junior high school. Second, the clinic serves only those students enrolled in the school. Since the clinic is located in-house, the problem of accessibility has been eliminated.

The clinic opened in November 1985 and a large part of the building in which it was housed was badly damaged by a fire in mid-January. For the remainder of the school-year, including summer-school, the clinic staff was temporarily housed in the adjacent 7th grade building in the teachers lounge. The lack of privacy has severely hampered clinic enrollment efforts. However, the staff has been able to expand primary prevention efforts within the school. This is done largely through group education efforts and the establishment of the Peer Educating Peer (PEP) program. This program serves to enhance self-esteem and promote responsible decision making.

The clinic and staff are very well received by the school and the students. Because of the special attention the clinic has generated for the school, the students have been made to feel special. They eagerly participate in clinic activities such as the logo contest. It is a way in which they can receive special attention.

Free sports physicals have also been an excellent mechanism for increased male enrollment in this program. This is the only project in which there are more males than females enrolled.

BARRIERS TO UTILIZATION

Although all four demonstration projects are unique, they share common barriers to utilization of family planning services by adolescent males. All projects cited lack of employment opportunities and economic development as barriers to use of contraception. Entrenched in poverty, without the motivation, opportunity or capability to attain personal and professional goals, adolescents struggle to live on a day-by-day. There is no such thing as planning one's daily activities because there are none to plan. Teens just hang out. Sex is seen as a spontaneous activity which temporarily relieves boredom and enhances self-esteem.

The image which the male projects to his peers is of utmost importance to him. He must "be cool" and macho at all times. It is not macho to use condoms. It is "cool" to get a girl pregnant. When a girl is impregnated, the adolescent male feels that he has accomplished something, he is somebody. He is a father.

Another barrier common to all four projects are the cultural myths relating to condom usage. The first myth is that males only use condoms

with "bad" girls to prevent acquiring sexually transmitted diseases. Condoms aren't used with a girlfriend because it is believed that the girlfriend would be insulted if her partner suggested condom useage. Another myth is that condoms reduce sensitivity and spontaneity.

The third major barrier to contraceptive use is the lack of education relating to sexuality and reproduction. As stated earlier, the mean age for onset of sexual activity among adolescent males is 12.8 years of age. If an adolescent learns about reproduction in a 9th grade health education class it is generally too late.

The fourth major barrier is the environment in which the delivery system operates. Most of these environments are designed for females in a formal health care setting. Few males are present in the room, most of the employees are female. In the reception area, the literature, brochures, etc. which are available for reading are all geared towards the female. The setting is clinical and imposing. The adolescent male feels out of place in this environment.

Still another common barrier is the client-provider relationship. All four project administrators spoke very strongly about the importance of establishing this relationship and developing trust between the two parties. The continuity of one contact person and longevity in the program served to enhance participation, communication and compliance.

The final common barrier was financial. If adolescents have to pay for condoms, they won't use them.

There was only one individual barrier to utilization of family planning services which was specific to a single project. At the Southern Seven Health Department, transportation is a major barrier because the project serves a vast rural area and there is lack of public transportation.

CONCLUSION

According to Zabin, Kanter and Zelnick (1979), one half of all unintended early pregnancies occur within six months of onset of sexual activity. Their study also indicated that teenagers' sporadic use or nonuse of contraception is one reason for high rates of unwanted adolescent pregnancy. As awareness of the problem of adolescent pregnancy increased, more programs were developed to address the problem. Unfortunately, most of these programs were designed for the adolescent female.

If we are to have a serious impact on teenage pregnancy, we must address the role of the adolescent male. Family planning programs have to examine their goals and methods of operation. Are the programs structured to serve males and their special needs? Is their clinic environment one in which adolescent males would feel comfortable? Is the atmosphere low-key? Are other male figures visible? Is there an incentive or motivation for the male to use clinic services? Is the clinic easily accessible?

In order to break the vicious cycle of poverty and repeated adolescent pregnancy, we must provide teens with the hope that they can break out of the cyclical life patterns which have been ongoing for generations. We have to overcome the political, cultural, environmental and socio-economic barriers. Most importantly our society has to accept the fact that adolescent pregnancy is a widespread problem that can no longer be ignored. We need to educate our children about the facts of life before they become the next victims and we become Grandparents Too Soon.

FOOTNOTES

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